

### Medical Information

**Directions:** This is a class and homework assignment. After completing these questions, please have a family member (parent or guardian) read over and add information they think should be included. After completing this assignment, both you and your family member should sign at the bottom of the page.

1. How much have you exercised during the fall semester?
  - a. at least 20 minutes a day, 3 times per week
  - b. everyday, but not for 20 minutes
  - c. once in a while
  - d. other....explain
2. Rate yourself:
  - a. great shape—could run a mile with no problems
  - b. good shape—could run and walk the mile in under 12 minutes
  - c. fair shape—could walk a mile with no problems
  - d. poor shape—could not walk a mile in 20 minutes
3. What kind of activities did you participate in this fall?
4. Have you been sick or had an injury within the last 6 months? Explain.
5. Do you have any exercise restrictions? Explain.
6. Do you have asthma? Do you use an inhaler?
7. Do you have any allergies? What first aid measures need to be taken?
8. Are you currently taking any medication that would interfere with exercise? Explain.
9. Do you have high blood pressure?
10. Do you have any heart irregularities? Are there any exercise restrictions.
11. Do you have any concerns about yourself that may affect your level of participation in this class? Explain.

**Family members:** Thank you for reviewing and discussing these questions with your teenager. If there are any concerns, please let me know by writing a short note. Thanks for your support!

**Family member signature** \_\_\_\_\_  
**Student signature** \_\_\_\_\_